

PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/533,029
	Filing Date	03/22/2000
	First Named Inventor	HEARD, Jacqueline
	Group Art Unit	1638
	Examiner Name	David Kruse
Total Number of Pages in This Submission <u>20</u>	Attorney Docket Number	MBI-0010 CPA

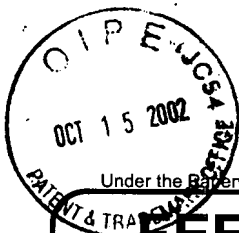
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Return Receipt Postcard;</b> Submission Statement (1 pg. in duplicate); <b>57 References</b>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Matthew R. Kaser, D.Phil., Mendel Biotechnology, Inc.
Signature	
Date	11 <sup>th</sup> October 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>10-11-2002</u>			
Typed or printed name	Kathleen K. Muto		
Signature		Date	October 11, 2002

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PTO/SB/17 (10-01)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

180.00

**Complete if Known**

Application Number	09/533,029
Filing Date	03/22/2000
First Named Inventor	HEARD, Jacqueline
Examiner Name	David Kruse
Group Art Unit	1638
Attorney Docket No.	MBI-0010 CPA

**METHOD OF PAYMENT**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 50-1025  
Deposit Account Name:

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$)

**2. EXTRA CLAIM FEES**

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20** =	X	
Independent Claims	-3** =	X	
Multiple Dependent			

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
105 130	205 65	Surcharge - late filing fee or oath
127 50	227 25	Surcharge - late provisional filing fee or cover sheet
139 130	139 130	Non-English specification
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination
112 920*	112 920*	Requesting publication of SIR prior to Examiner action
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action
115 110	215 55	Extension for reply within first month
116 400	216 200	Extension for reply within second month
117 920	217 460	Extension for reply within third month
118 1,440	218 720	Extension for reply within fourth month
128 1,960	228 980	Extension for reply within fifth month
119 320	219 160	Notice of Appeal
120 320	220 160	Filing a brief in support of an appeal
121 280	221 140	Request for oral hearing
138 1,510	138 1,510	Petition to institute a public use proceeding
140 110	240 55	Petition to revive - unavoidable
141 1,280	241 640	Petition to revive - unintentional
142 1,280	242 640	Utility issue fee (or reissue)
143 460	243 230	Design issue fee
144 620	244 310	Plant issue fee
122 130	122 130	Petitions to the Commissioner
123 50	123 50	Processing fee under 37 CFR 1.17(q)
126 180	126 180	Submission of Information Disclosure Stmt
581 40	581 40	Recording each patent assignment per property (times number of properties)
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))
179 740	279 370	Request for Continued Examination (RCE)
169 900	169 900	Request for expedited examination of a design application

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

180.00

**SUBMITTED BY**

Name (Print/Type) Matthew R. Kaser, D.Phil.

Registration No. (Attorney/Agent) 44,817

**Complete (if applicable)**

Telephone (510) 259-6120

Signature

Date

11<sup>th</sup> October 2002

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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